

HUMAN RESOURCES OFFICE TECHNICIAN / AGR ADMINISTRATIVE INSTRUCTION

Number: 04-05

7 May 2004

FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) FOR TECHNICIANS CALLED TO ACTIVE DUTY IN SUPPORT OF CONTINGENCY OPERATIONS

No Expiration

- 1. Section 519 of Public Law 107-107, the National Defense Authorization Act for Fiscal Year 2002, enacted 28 December 2001 amended the Federal Employees Health Benefits (FEHB) law to allow agencies to pay both the employee and Government share of the FEHB premiums for employees called to active duty in support of a contingency operation. The FEHB premiums are paid for a period not to exceed 18 months. This authority applies to technicians called to active duty on or after 8 December 1995.
- 2. The applicable contingencies and operations that are included in each are provided below (due to mission changes, this list may not be comprehensive):

CONTINGENCY BOSNIA Operation Joint Endeavor Operation Joint Guard	<u>AUTHORITY</u> E. O. 12982	EFFECTIVE DATE 8 December 1995	STATUS Ongoing
 Operation Joint Forge SOUTHWEST ASIA (Iraqi Crisis) Operation Southern Watch Operation Northern Watch Operation Desert Spring Operation Desert Thunder Operation Desert Fox Operation Desert Falcon 	E. O. 13076	24 February 1998	Ongoing
 Operation Desert Focus KOSOVO Operation Allied Force Operation Joint Guardian 	E. O. 13120	27 April 1999	Ongoing
 911 TERRORIST ATTACKS Operation Infinite Justice Operation Enduring Freedom Operation Iraqi Freedom Operation Noble Eagle 	E. O. 13223	14 September 2001	Ongoing

- 3. In order to be eligible to be reimbursed for FEHB premiums previously paid, the technician must have been (1) enrolled in an FEHB plan; (2) called or ordered to active duty in support of a contingency operation; (3) placed on leave without pay or separated to perform active duty; and (4) on active duty for a period of **more than 30 consecutive** days. The maximum period of eligibility for each period is 18 months. Technicians ordered to duty under title 32, United States Code are not eligible.
- 4. Technicians called to active duty prior to 28 December 2001 but on or after 8 December 1995 who paid FEHB premiums must submit a claim for reimbursement using the enclosed form (Claim for Retroactive Reimbursement for FEHB While on Active Duty in Support of a Contingency Operation). Premiums deducted while in a pay status (annual leave, military leave, etc.) will not be reimbursed. All claims must have copies of military orders for each period of service claimed. Technicians who made a payment directly to DFAS by check or money order must attach copies of cancelled checks, duplicate checks, or other supporting documentation. The claim must include the FEHB enrollment code for each period of active duty.
- 5. Technicians claiming reimbursement for FEHB premiums must submit the claim form to the Directorate for Human Resources, Customer Services for verification. Once it is verified by Customer Services, the claim will be sent to the payroll office (DFAS) for reimbursement.

Encl

Captain, CA ANG

Deputy, Human Resources Officer

DISTRIBUTION:

Air: TA Army: TA

CLAIM FOR RETROACTIVE REIMBURSEMENT FOR FEHB WHILE ON ACTIVE DUTY IN SUPPORT OF A CONTINGENCY OPERATION

(Complete one form for each period of service claimed)

Premiums deducted while in a pay status (annu	ual leave, mi	litary leave, etcete	ra) will not be	reimbursed.		
☐ All claimants must attach copies of military	orders for ea	ch period of servic	e claimed.			
☐ Claimants who made a payment directly to duplicate checks, or other supporting documents		eck or money orde	r must attach	copies of cancelled checks,		
☐ If the claimant is the survivor of a deceased Civilian Employee," and a certified copy of t			, "Claim for C	Compensation of Deceased		
Former employees and survivors of deceased employees must provide information for Electronic Funds Transfer (EFT) to a bank or other financial institution: Financial Institution Routing Number Account Number						
Claimant Name:				FEHB Code:		
Claimant Current Home Address:				Daytime phone number:		
Claimant is:		Survivor of deceased employee. Name of deceased employee:				
	SSN	of deceased emplo	yee:			
Initial Date of Active Duty: Ending	Date of Act	ive Duty:	Date Retur	ned to Civilian Duty:		
FEHB premiums were:						
☐ Withheld from salary after claiman	t returned to	duty.				
☐ Paid directly to DFAS by check or money order.						
☐ Withheld from an award received while on LWOP. Ending date of the pay period in which the award was paid:(Attached copy of LES)						
I certify that all statements made in this claim a	are true and	correct to the best	of my knowle	dge and belief.		
Claimant Signature			Date			
Warning: It is a violation of law to make false or fraudulent claims against the United States or make false statements in connection therewith.						
	AN RESOUR	CES ENDORSEM	ENT			
To: DFAS The orders and records for the employee or former employee listed above have been reviewed and they reflect that the employee was on active duty with the military in support of a contingency operation and was enrolled in FEHB for the period(s) listed below.						
Date from:		Date to:				
Activated as:						
□Army Reserve/Army National Guard	□Air Force	Reserve/Air Nation	nai Guard			
□Navy Reserve/Coast Guard Reserve	□Marine C	orps Reserve				
Signature				Date		